

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/249,741	02/11/99	358	2722	FSPT-P184		
APPLICANT	DAVID KUO, SAN JOSE, CA; ERIC ANDERSON, SAN JOSE, CA.					
<b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED <u>none KAW</u>						
<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED <u>none KAW</u>						
<b>**FOREIGN APPLICATIONS*****</b> VERIFIED <u>none KAW</u>						
FOREIGN FILING LICENSE GRANTED 03/03/99						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
Verified and Acknowledged		Examiner's Initials <u>KAW</u>	Initials _____			
ADDRESS	WAGNER MURABITO & HAO TWO NORTH MARKET STREET THIRD FLOOR SAN JOSE CA 95113  SAWYER & ASSOCIATES P.O. Box 51418 PALO ALTO, CA 94303					
TITLE	FLEXIBLE ARCHITECTURE FOR IMAGE PROCESSING					
FILING FEE RECEIVED  \$940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			



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Bib Data Sheet

CONFIRMATION NO. 1265

<b>SERIAL NUMBER</b> 09/249,741	<b>FILING DATE</b> 02/11/1999 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2622	<b>ATTORNEY DOCKET NO.</b> P184/1613P	
<b>APPLICANTS</b> DAVID KUO, SAN JOSE, CA; ERIC ANDERSON, SAN JOSE, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/03/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> SAWYER LAW GROUP LLP P.O. BOX 51418 PALO ALTO ,CA 94303					
<b>TITLE</b> FLEXIBLE ARCHITECTURE FOR IMAGE PROCESSING					
<b>FILING FEE RECEIVED</b> 940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
		<input type="checkbox"/> All Fees			
		<input type="checkbox"/> 1.16 Fees ( Filing )			
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )			
		<input type="checkbox"/> 1.18 Fees ( Issue )			
		<input type="checkbox"/> Other _____			
		<input type="checkbox"/> Credit			